

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ET		9-1-00
O.I.P.E. CLASSIFIER			9/2/00
FORMALITY REVIEW	W	12345	10-1-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓ 0	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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